

**Missouri Department of Social Services  
Children's Division  
Child and Family Services Program Improvement Plan**

This Program Improvement Plan (PIP) is the response of the Missouri Children's Division (CD) to the federal Child and Family Services Review (CFSR) conducted December 2003. The final report issued in March 2004 provided information on strengths and areas needing improvement for services provided by the Children's Division. The recommendations contained in the CFSR final report, coupled with over 100 recommendations from additional reviews by the Governor, legislators, judiciary and state auditor, provide the Children's Division with rich data to develop strategies for enhancing practice. The PIP was developed in partnership with numerous stakeholders including the Division of Youth Services, Office of State Courts Administrator, universities, service providers, child welfare colleagues, Department of Public Safety, Department of Elementary and Secondary Education and Department of Mental Health. The PIP will provide a framework for achieving systemic improvement in practice and ultimately improved outcomes for Missouri's children and families.

The March 2004 CFSR report provided information on both strengths and areas needing improvement as identified through case review and state self-assessment. The following is a brief summary of the strengths and areas for improvement as reported for each of the three outcome areas contained the review.

**SAFETY**

Strengths:

- Consistency in assessing families' service needs;
- Missouri's dual track system; and,
- Structured Decision Making and Confirming Safe Environments as positive improvements for assessing the risk of harm to the child.

Areas for Improvement:

- Consistency in the timely initiation of investigations;
- Reduction in the recurrence of maltreatment within a 6-month period;
- Improving access and delivery of services; and,
- Consistently addressing risk of harm.

**PERMANENCY**

Strengths:

- Preventing re-entry into foster care;
- Missouri's Resource Guide for Best Practice in Child Abuse and Neglect Cases;
- Stakeholder reports of worker commitment to ensuring children have sufficient visitation with parents and siblings; and,
- Stakeholder reports of concerted efforts to preserve family connections;

- Criminal background and child abuse and neglect checks prior to placement with relatives, as well as completion of competency-based training and home studies; and,
- Innovative initiatives designed to promote the relationship between parents and children.

#### Areas for Improvement:

- Consistency in assuring children's placement stability in foster care;
- Consistency and timeliness in establishing appropriate permanency goals;
- Adequacy of resources to meet child placement needs;
- Consistent, diligent search efforts for relatives as potential placement resources;
- Documentation of valid reasons for separating siblings;
- Increasing efforts to assure children's connection with extended family;
- Improving efforts to maintain relationships with non-custodial parents; and,
- Achieving children's permanency goals in a timely manner.

### **WELL-BEING**

#### Strengths:

- A wide array of services throughout the state that include mental health, parent aide services (homemaker, supervising visits and transportation services), mentors, independent living services, parent education classes, transportation services, intensive in-home services and drug and alcohol services;
- Parent involvement in case planning for foster care cases;
- Concerted efforts to meet children's educational needs;
- 100 school-based social worker positions partially funded by the Children's Division in schools throughout Missouri;
- Meeting the physical health needs of children in foster care; and,
- The Systems of Care initiative focused on providing mental health services to children with serious mental health concerns without bringing them into residential care.

#### Areas for Improvement:

- Consistency in addressing families needs for services and/or provision of services;
- Availability and accessibility of needed services, especially in some areas of the state;
- Fully engaging parents and children in case planning;
- Frequency of worker visits to assure needs are met;
- Focusing worker visits on issues pertinent to case planning, service delivery, and goal attainment;
- Diligent efforts to meet children's educational needs – especially in in-home cases dealing with issues of truancy or educational neglect;
- Dental services for children; and,

- Assessment of mental health needs and provision of mental health services.

## **KEY INFRASTRUCTURE IMPROVEMENT COMPONENTS**

In addition to the federal Child and Family Services Review (CFSR), the Children's Division has undergone numerous audits and reviews in recent years, including a Council on Accreditation for Children and Families (COA) Self Study and preliminary COA site visit. These studies and reviews have produced consistent themes underscoring what is done well and where improvement is needed. In developing a plan of action to achieve the excellence we envision, the emergence of these consistent themes provided a foundation upon which to build. Key components were identified, which include: 1) an effective organizational structure; 2) circuit self assessment and strategic improvement; 3) professional development and practice enhancement; 4) improving service access and intentionality and 5) accountability, including data driven management.

## **ORGANIZATIONAL STRUCTURE**

Governor Bob Holden issued an executive order reorganizing the Department of Social Services effective August 28, 2003. The reorganization created a Children's Division by combining the Children Services Section of the former Division of Family Services with the Office of Early Childhood. The goal for establishing the new division was to improve the effectiveness and efficiency of the child welfare system by heightening the focus on children's issues within the agency and leveraging prevention investments to reduce abuse and neglect. The new organizational structure emphasizes supporting the work of front line staff. Leadership is committed to continuous quality improvement that builds on existing strengths to address areas of concern. The Division has undergone an extensive review of its organizational needs and is reorganizing with a focus on practice excellence that includes: 1) a clearly articulated vision and mission for the Division; 2) a new organizational structure that is aligned with judicial circuits and supports circuits through cross-functional teams at the state, regional, and local levels 3) strong partnerships with communities, courts, law enforcement and treatment providers; 4) high quality training for all staff; 5) a mentoring program for new staff; and 6) flexible funding to meet the unique needs of children and families.

The mission of the Children's Division has been affirmed as follows:

*The mission of the Children's Division is to partner with families and communities to protect children from abuse and neglect and to assure safety, permanency and well being for Missouri's children.*

The recently drafted guiding principles for the Division are:

- **PARTNERSHIP** - Families, communities and government share the responsibility to create safe, nurturing environments for families to raise their children. Only through working together can better outcomes be achieved.
- **PRACTICE** – The family is the basic building block of society and is irreplaceable. Building on their strengths, families are empowered to identify and access services that support, preserve and strengthen their functioning.
- **PREVENTION** – Families are supported through proactive, intentional activities that promote positive child development and prevent abuse and neglect.
- **PROTECTION** – Children have a right to be safe and live free from abuse and neglect.
- **PERMANENCY** – Children are entitled to enduring, nurturing relationships that provide a sense of family, stability and belonging.
- **PROFESSIONALISM** – Staff are valued, respected and supported throughout their career and in turn provide excellent service that values, respects and supports families.

Clearly articulating the Division's mission, guiding principles and practice model is foundational to building an infrastructure that supports practice excellence and results in improved outcomes for children and families.

### **CIRCUIT SELF-ASSESSMENT**

The new Children's Division is dedicated to practice excellence through continuous quality improvement. The CFSR final report underscored the fact that Missouri has sound child welfare policy. However, the report further revealed that a key issue for Missouri's system is achieving consistency in practice and application of policy. Variance was noted across circuits throughout the report.

From the beginning, Division leadership set a course for systemic improvement through self assessment and strategic planning. Leadership immediately began developing a process and protocols for individualized, circuit-based self assessment. The purpose of the self assessment is to provide a baseline for circuits with regard to their capacity, strengths, areas of need and performance. The assessment will serve as a basis for strategic planning to effect positive improvements toward measurable outcomes. The assessments will also identify needs for technical assistance, resources and support. Case reviews and outcomes monitoring will be continuous and will be conducted in conjunction with local community partners. Ongoing local committees may be established to provide independent community advice, advocacy, and accountability. These partners will help guide the Division toward its goal of imbedding best practice into the fabric of the organization to achieve safety, stability, permanency, and well-being for children and their families.

Potentially, local committee responsibilities would include:

- Support and monitor implementation and utilization of the case review process;
- Assist in the recruitment of case review participants;

- Receive, process, understand and analyze information, including,
  - Children's Division QA reports
  - Children's Division Peer Review Reports
  - Children's Division System Reports
  - Other pertinent information;
- Solicit community input regarding quality/satisfaction of the service delivery (possible focus groups, surveys, etc. with providers, consumers, foster parents, and workers);
- Make recommendations to the Children's Division;
- Review response to recommendations;
- Monitor progress in implementation; and,
- Maintain confidentiality

The Circuit Self-Assessment will involve each circuit identifying their strengths and challenges in providing high quality, family-focused, child protection services. The self-assessment areas for evaluation include: 1) demographics; 2) circuit structure; 3) circuit staffing; 4) management; 5)CQI process; 6) personnel practices; 7) facilities; 8) juvenile court structure and relationships; 8) community partnering; 9) service array; 10) case work practice; 11) case work and documentation; 12) outcomes; 13) training needs; 14) circuit strengths and challenges.

As previously indicated, circuit self assessment will be followed by circuit strategic improvement planning. Each circuit will assess PIP identified data measures, monitor them on an ongoing basis, develop strategies to address areas needing improvement and access technical assistance as needed through Practice Enhancement Teams. Practice Enhancement Teams will include a quality improvement leader, quality assurance specialist, program specialist, trainer and other ad hoc members based on the issue of concern. The plan is to establish Practice Enhancement Teams geographically, however, teams may be deployed across regions based on expertise and identified needs. Staff will be supported in completing the circuit self-assessment and resulting strategic improvement plans through the cross-functional Practice Enhancement Teams.

#### Tracking Progress

Missouri is currently in the process of developing a web-enabled SACWIS (Statewide Automated Child Welfare Information System). The intent is to design, develop and implement a SACWIS system that truly supports and streamlines the work of Children's Division staff and contracted staff. The system will provide for increased efficiency, monitoring and accountability. SACWIS will be a critical tool to support the progress made through the PIP and the circuit self-assessment and improvement process.

Based on current plans and subject to ACF approval, the first phase of the integrated SACWIS, automating Title IV-E eligibility, should be fully operational statewide by fall 2004, with Hotline Protocols implemented in early 2005. The current plan is to work simultaneously on the next phases, adding Investigation and Assessment, and Case

Management I and II as funding and staffing allow based on the ACF approved plan and state resources.

Due to limited resources and the need to meet SACWIS timelines, it will be necessary to weigh the level of effort and cost involved in making changes to a Legacy System in connection with PIP action steps versus deferring the change to SACWIS development. The Children's Division SACWIS Project Director will be an integral part of the PIP team in order to assure ongoing coordination and integration.

## **PROFESSIONAL DEVELOPMENT AND PRACTICE ENHANCEMENT**

A goal of the children's division is to attain practice excellence. Practice excellence is not the end, however, but a means to improving outcomes for children and families in partnership with them. Professional development and continuous improvement are critical factors in achieving this vision. Building on the work of the Staff Development and Training Unit, the vision is to create a Professional Development and Training System that results in practice excellence through professional development planning, training, supervisory support and practice enhancement team support.

### Supervisory Training and Support

The Staff Training and Development Unit has carefully examined current training, results from agency quality assurance measures such as peer record reviews and practice development reviews, the Survey of Organizational Excellence, the CQI process, COA standards and site visits, and audit reports. Feedback from regional training sessions and other state training programs was also considered.

Research shows effective supervision is critical in supporting workers in their professional development and particularly in mastery of the complex skill of assessment. Two regions of the state are currently involved in Clinical Supervision Training for front line supervisors using a role demonstration (teaching) model for clinical supervision. The training is funded through a grant with the University of Missouri-Columbia from the Quality Improvement Center at the University of Kentucky. The Clinical Supervision Training goals are: to increase child safety and protection, increase child well-being, increase positive permanency outcomes for children and increase worker stability. It is anticipated that statewide training based on the positive principles of the clinical supervision pilot project will be implemented following the evaluation of the training.

Additionally, Staff Training and Development will support improving the quality of practice through the creation and implementation of new supervisory training with both administrative and clinical components. The following outlines the two key areas for improvement as well as supporting areas for improvement with core strategies for each.

- Develop a new supervisory training structure that has both an administrative and clinical focus for frontline Social Service Supervisors.
  - Supervisor training will include:
    - Leadership

- Decision–Making
- Case Consultation
- Worker Professional Development
- Accountability
- Enhance training evaluation using evaluative instruments for classroom training as well as On the Job Training. Following each classroom training event, participants will provide a written training evaluation. Trainers will also evaluate participants during and after the sessions. On the Job Training evaluation will include feedback between staff and supervisors. This will be used to facilitate discussion between staff, clinical mentors and supervisors to identify areas of skill mastery and areas for skill improvement.
- Develop/utilize an Individualized Professional Development Plan tool for supervisors to be used by the supervisor and manager to identify skill areas acquired and demonstrated as well as skill areas needing improvement.

### Worker Training and Support

The Staff Training Unit is creating a new training structure that will provide required pre-service and in-service training for frontline staff and supervisors during their first two years of employment. The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new front line staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and case closure. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed in the training.

The new, advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training with more concentrated time devoted to specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. Elective training sessions will be determined through the use of classroom and On-the-Job Training evaluations, individualized development plans and skill gaps analysis. The creation of a Training Advisory Committee comprised of clinical mentors, trainers and field staff will provide a venue for identifying areas for improved practice and assessing training needs.

The Staff Training and Development Unit is scheduled to develop and implement required, advanced in-service training for frontline staff to move the agency toward practice excellence. The strategies include staff acquiring and demonstrating skills in the following core areas:

- 1) Investigation and Family Assessment
  - Specific types of CA/N
  - Interviewing
  - Decision Making

- Risk/Safety Assessment
- Case Documentation

## 2) Family Centered Services

- Case Planning
- Family Support Team meetings
- Family Specific Treatment Planning
- Safety planning
- Risk assessment/re-assessment
- Underlying issues/family functioning
- Case Documentation

## 3) Family Centered Out of Home Care

- Concurrent Planning/Case Planning
- Case Documentation
- Family Support Team Meetings
- Cultural Diversity
- Safety assessment in Biological home and Foster Home
- Risk assessment/re-assessment
- Planning for closure with family and planning for re-occurrence

## Family Assessment, Case Planning and Intentional Intervention

### Family Assessment

A key finding of the CFSR was that the Children's Division was inconsistent in assessing and addressing the needs and services of the child, parents and/or foster parents. Of concern were incomplete assessments for parents and children. Specifically, assessment improvement is needed for non-custodial parents. Many stakeholders reported the Children's Division was effective in assessing needs and identifying services, but that services were difficult to access.

There are many initiatives in place and pilot projects to address this issue in Missouri. However, caseload sizes, supervisory to staff ratios and funding for services impact this assessment and service delivery. A key emphasis of Missouri's PIP is improving assessment tools, skills and practice. This includes greater attention to assuring complete assessments are performed, services are well matched to families' needs and innovative strategies are employed to increase access to services.

### Case Planning

Family Centered Service Out-of-Home Care policy and practice utilizes a multi-disciplinary team approach to incorporate input and support from a variety of community members: guardian ad litem, juvenile officers, CASA, teachers, counselors, extended family members and other individuals that are identified by the family. Current participation by family members and community participants is less than optimal. Meetings may be scheduled based on professionals' availability rather than family participation. Communication gaps have been noted among service providers, the



family and community participants involved in service planning. Individuals serving families may have different ideas about their role and different philosophies about a family's needs. As a result, the quality of the assessment and case plan is jeopardized as crucial pieces of information may be missed or unavailable. Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring all those at the table truly have a voice in the planning. Educating families about their roles and responsibilities will serve to empower families and encourage their participation in the case assessment and planning process.

Additional underlying issues regarding case planning:

- A philosophical permeation that engenders strengths-based, family-centered, family-empowering behavior;
- Improved involvement of the child;
- Greater involvement of informal supporters;
- Adequate Supervisory Supports - this includes coaching and nurturing best practice.

## **SERVICE ACCESS AND INTENTIONALITY**

In exploring underlying factors that have a substantial impact on permanency for children, the ability of frontline workers and supervisors to efficiently and effectively move clients through the change process is an important issue. When working with natural parents, frontline workers and supervisors are confronted daily by a wide range of challenges including, but not limited to, drug abuse, mental illness, homelessness, poverty and domestic violence. Each of these issues becomes an even greater challenge when commingled with the complexities of personality types, family histories, cultural variations, abuse dynamics, grief, denial and resistance to change. Maneuvering through these barriers, accurately assessing needs and matching those needs with effective services becomes imperative to the reunification of children with their natural families.

The unfortunate reality in current practice is that many of the interventions used with clients are reactive, usually following a crisis or severe regression of case progress. Often, workers are not adequately supported to acquire the skills and information, or they do not have the time to proactively help clients through the change needed for children to return home. Current supports and tools for workers and supervisors may not provide effective ways for workers to intentionally avoid potential setbacks. The effectiveness of efforts to engage clients in change varies significantly and can result in families lingering in the child welfare system too long, and workers being drained of energy needed to continue work in the child welfare field. Developing a system that enables workers and supervisors to access proven interventions specifically related to the uniqueness of each family will result in improved outcomes for children and families.

Equipping workers with adequate knowledge to be intentional with interventions requires two components. Firstly, workers need training that facilitates their ability to

expertly assess need and to identify and seek intentional interventions. Secondly, workers need access to information regarding the best, available services. The implications found in intentionality extend into many aspects of frontline work and can have substantial influence on the timeliness of reunification and the stability of children in their foster and natural families.

## **ACCOUNTABILITY**

A strength of the Missouri Children's Division is its strong value for partnering with families and communities. The agency has worked diligently to develop partnerships with communities and to be accountable to our citizens. The Division is committed to openness, accountability, data-driven decision making and working with our partners to improve services and outcomes for children and families. In Missouri's PIP, many actions steps include partnerships with the Office of State Court Administrators, Department of Mental Health, Department of Health, state universities, Department of Public Safety, community partnerships and others.

The Children's Division is partnering with the courts to pilot court improvement projects that include open courts. A newly established Office of the Child Welfare Ombudsman is addressing the need for a venue for consumer and constituent issues of concern. Cross training is planned between the courts and the Children's Division.

Other accountability measures include the use of structured decision making, peer record reviews, practice development reviews, circuit self assessment and outcomes report monitoring. The Children's Division is building a culture of partnership, accountability and continuous improvement and working to attain practice excellence so that safety, permanency and well being can be assured for Missouri's children. The Division will work together with families, communities, federal and state partners to implement the Program Improvement Plan to that end.